Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1997

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                       |  |   |                                |           |   |                                      |                  |  | SMALL ENTITY TYPE  |                          |    | OTHER THAN OR SMALL ENTITY |                        |
|--|--|---|--------------------------------|-----------|---|--------------------------------------|------------------|--|--------------------|--------------------------|----|----------------------------|------------------------|
| FOR  |  |   | NUMBER FILED                   |           |   | NUMBER                               | EXTRA            |  | RATE               | FEE                      |    | RATE                       | FEE                    |
| BASI   | C FEE  |   |                                |           |   |                                      |                  |  |                    | 395.00                   | OR |                            | 790.00                 |
| TOTA   | L CLAIMS   |   | 4 minus 20                     |           |   | 0 = *                                |                  |  | x\$11=             |                          | OR | x\$22=                     |                        |
| INDE   | PENDENT CLA  | AIMS                                      |                                | /<br>minu | ıs 3 =                                      | 3 = *                                |                  |  | x41=               |                          | OR | x82=                       |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |                                |           |   |                                      |                  |  | +135=              |                          | OR | +270=                      |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  TOTAL 395. |  |   |                                |           |   |                                      |                  |  |                    |                          |    |                            |                        |
| CLAIMS AS AMENDED - PART II  |  |   |                                |           |   |                                      |                  |  |                    |                          | OR | TOTAL                      |                        |
|  |  |   | MS AS A                        | AMENDED   |   | Column 2) (Column 3)                 |                  |  | SMALL ENTITY       |                          | OR | OTHER THAN SMALL ENTITY    |                        |
| AMENDMENT A  | e de   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                | 4         | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                                      | PRESENT<br>EXTRA |  | RATE               | ADDI-<br>TIONAL<br>· FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
| NDM  | Total  | *   |                                | Minus     | **  |                                      | =                |  | x\$11=             |                          | OR | x\$22=                     |                        |
| ME   | Independent  | *   |                                | Minus     | Ainus ***                                   |                                      | =                |  | x41=               |                          | OR | x82=                       |                        |
| <b>-</b>   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                                |           |   |                                      |                  |  |                    |                          | OR | +270=                      |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |                                |           |   |                                      |                  |  | TOTAL<br>ODIT. FEE |                          | OR | TOTAL<br>ADDIT. FEE        |                        |
| ENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                |           | HI<br>NI<br>PRE                             | GHEST<br>UMBER<br>VIOUSLY<br>ID FOR  | PRESENT<br>EXTRA |  | RATE               | ADDI-<br>TIONAL<br>FEE   |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
| <b>AMENDMENT</b>   | Total  | *   |                                | Minus     | **  |                                      | =                |  | x\$11=             |                          | OR | x\$22=                     |                        |
|  | Independent  | *   |                                | Minus     | ***   |                                      | =                |  | x41=               |                          | OR | x82=                       |                        |
| ٧  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                                |           |   |                                      |                  |  | +135=              |                          | OR | +270=                      |                        |
| TOTAL (Column 1) (Column 2) (Column 3) ADDIT. FEE                                    |  |   |                                |           |   |                                      |                  |  |                    |                          | OR | TOTAL<br>ADDIT. FEE        |                        |
| AMENDMENT C  |  | CLA<br>REMA                               | AIMS<br>AINING<br>TER<br>DMENT |           | HI<br>NI<br>PRE                             | GHEST<br>UMBER<br>VIOUSLY<br>AID FOR | PRESENT<br>EXTRA |  | RATE               | ADDI-<br>TIONAL<br>FEE   |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   |                                | Minus     | **  |                                      | =                |  | x\$11=             |                          | OR | x\$22=                     |                        |
|  | Independent  | *   |                                | Minus     | ***   |                                      | =                |  | x41=               |                          | OR | x82=                       |                        |
| <b>∀</b>   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=   |   |                                |           |   |                                      |                  |  |                    |                          | OR | +270=                      |                        |
| *** f  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                                |           |   |                                      |                  |  |                    |                          |    |                            |                        |